

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045860

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 032

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED JAN 9 1963

1. PLACE OF DEATH

a. COUNTY

Bollinger

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Lutesville

Length of stay in lb

App. 1 yr

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Wayne

Inside Limits

Yes ☒ No ☐c. CITY
OR TOWN

Piedmont

d. STREET
ADDRESS

(If outside, give location)

E. Elm

Reside on Farm

Yes ☐ No ☒

3. FULL NAME OF (If NOT in hospital, give location)

BOND Ward Nursing Home

Inside Limits

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

Alice Victoria Carter

4. DATE
OF DEATH

Dec. 13 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-4-1874

9. AGE (last birthday)

88

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Carter Co. Mo

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Rev. James A. Carter

13b. MOTHER'S MAIDEN NAME

Mary Ann Ammons

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or (unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Mrs Mildred Galager Argus Ind.

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uremia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Renal failure

DUE TO (c)

Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

2 wks.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ N. ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

7-23-62 to 12-12-62

and last saw him alive on 12-12-62

Death occurred at

9:45 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jennith Riley

Licensed Embalmer No.

5086

P. O. Address

Luttrell, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.